Legislative Snapshot
Number 7

Physicians

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A Legislative Snapshot of 1979 Legislation

Relating to Physicians and Physicians' Assistants

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Introduction

Major problems that confront the medical profession include shortages of qualified personnel in rural and inner city areas, excessive numbers of certain specialists and a lack of public accountability in medical licensure and discipline. These concerns are reflected in the legislative activity relating to physicians in 1979; major themes in these enactments are the distribution of physicians, the use and control of physicians' assistants, professional licensing of physicians and discipline of physicians by State Boards.

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Physician Distribution

A number of states enacted legislation in 1979 designed to alleviate a shortage or maldistribution of physicians within their boundaries. Most of this legislation was simple appropriations to subsidize state medical schools and/or students (**Alabama, Illinois, Mississippi, New Mexico** and **Oklahoma**), or to establish or expand primary care residency programs (**Illinois, Missouri, Oklahoma** and **South Dakota**). The **Illinois** law, for instance, establishes criteria to be used in the distribution of funds to these residency programs. In **Arkansas,** the legislature allocated funds to small communities to be used for start-up costs for family practices.

Several other measures were taken in 1979 to correct physician distribution problems. **Idaho,** for example, eased its requirements for the licensing of foreign medical graduates, while **Nebraska** extended reciprocity to persons licensed to practice medicine in Canada. **Georgia**, meanwhile, permitted its medical licensure board to grant provisional (one year) licenses for applicants practicing in medically underserved areas. A similar option was established in **Florida**'s medical practice act in 1979. In **Oregon,** a new statute provided appropriations for pilot programs in rural health care delivery.

Physicians' Assistants

Physician extender legislation is generally related to concerns about physician shortages and distribution. New laws covering the utilization of physicians' assistants were enacted in 1979 in **Florida, Oklahoma, Oregon** and **South Dakota.** The **Florida** statute delineates those settings in which a physician's assistant (P.A.) may practice medicine under the supervision of a physician. Standards for P.A. education also were established, with the Board of Medical Examiners being given authority to promulgate more specific guidelines for the use of physicians' assistants. The **Florida** statute specifically provides that the supervising physician or medical group is liable for harm committed by the assistant.

Oregon and **Oklahoma** expanded the independent authority of the physicians' assistants in their states. A 1979 Senate Resolution in **Oklahoma** encourages the State Board of Medical Examiners to allow P.A.s to provide certain limited services to residents of medically underserved areas. The **Oregon** law allows the physician's assistant and the physician to negotiate on the amount of independent judgement that may be exercised by the assistant. Another 1979 **Oregon** law increases licensing and testing fees for physicians' assistants and other allied health professionals.

Professional Discipline

In 1979, nine other states — **California, Florida, Idaho, Missouri, New Mexico, Tennessee, Virginia** and **Washington**— enacted legislation pertaining to professional discipline for medical practitioners. Although individual laws differed in terms of the grounds they provided for disciplinary actions, most of the laws include unprofessional conduct, fraud, physicial or mental incapacity, or gross malpractice as reasons for disciplinary actions. Denial or suspension of a license, fines and penalties, and other criminal penalties are the sanctions generally used for the various levels of offenses.

Several of the statutes enacted in 1979 also set up a process for informing relevant agencies of disciplinary actions taken by other agencies, organizations and institutions. In **Tennessee,** for example, all courts in the state must be informed if a physician is convicted of a felony. If disciplinary action is taken by the Board of Medical Examiners, it must give notice to all appropriate state, federal and professional organizations. **Virginia** mandated that institutional administrators must inform the State Board of Medicine of a health professional's commitment or admission for certain types of treatment. Reporting requirements were also established in **Florida, New Mexico** and **Washington** in 1979.

Good Samaritan Laws

Good Samaritan laws — statutes exempting physicians from liability for damages resulting from their good faith efforts on behalf of patients needing emergency care — have been enacted in most states. Three legislatures — **Virginia, New Hampshire,** and **Hawaii** — broadened the provisions of their Good Samaritan laws in 1979 to include physicians in rescue teams (**Hawaii** and **New Hampshire**), and physicians volunteering their services in clinics (**Virginia**).

Licensing Provisions

The bulk of state legislation referring to physicians that was enacted in 1979 had to do with administrative aspects of professional licensing. A number of states increased re-registration fees — **Maine, Mississippi, Nebraska, North Carolina** and **Oregon.** Other new laws revised the structure of or re-authorized entities charged with provider quality assurance. **Georgia, Nebraska** and **New Mexico** all added a consumer member to their respective Board of Medical Examiners. In most cases, this member was not given all the responsibilities and privileges of the provider members of the board.

Additional activity in this area include podiatrist licensing provisions in **Mississippi** and the establishment of limited licenses for out-of-state physicians seeking clinical instruction in **Nevada** and **New York.** In addition, **Nevada** gave the Board of Medical Examiners authority to institute continuing medical education requirements in 1979.

The Intergovernmental Health Policy Project has full text copies of each of the state laws relating to Physicians and Physicians' Assistants in 1979 on file. Should a particular law or laws be of special interest, a copy would be made available free of charge upon request. Please do *not* request all of the laws noted in this snapshot. Also, please enclose a self-addressed label — it is extremely helpful to our staff.

Note: *Every attempt was made to be as comprehensive as possible in listing these state laws. Some omissions or misinterpretations, however, may occur. The Intergovernmental Health Policy Project would appreciate being notified about such problems should they occur. We also would appreciate being kept up-to-date about further activities on these issues in the states.*

State-by-State Summary of 1979 Legislation

Relating to Physicians and Physicians' Assistants

Alabama: House Bill 375

This act establishes the Choctaw County Medical Scholarship Board to implement a progam for medical scholarship awards for county residents.

Funds for the program will come from the city of Butler, the county and private sources.

Arkansas: House Bill 314 - Act 1094

This act establishes a program of financial assistance to encourage family practice physicians to locate in small communities. Qualified physicians are granted $6000 per year for up to five years, but may not also receive the benefits of state loan cancellation programs for the same period of time.

The Arkansas Rural Medical Practice Student Loan and Scholarship Board is given authority to administer the program.

California: Assembly Bill 1114

California changes the procedure for reinstatement of a medical practitioner whose certificate has been revoked or suspended by the Board of Medical Quality Assurance. Persons disciplined by the board now may petition for modification or termination of probation. This petition will be considered by a panel of the Medical Quality Review Committee.

Authorization for pilot projects of competency evaluation of practicing physicians and surgeons is extended from March 1981 to January 1982.

California: Senate Bill 80 - Chapter 206

This act amends the Business and Professions Code relating to Physicians and Surgeons. It deletes previous requirements that the Board of Medical Quality Assurance determine the minimum length and content of physician training in human sexuality that should be required, evaluate available training in this area, and to make a report to the legislature.

Florida: Chapter 79-198 - Senate Bill 61

Florida now requires all licensed physicians, chiropractors, osteopaths and podiatrists to submit an itemized statement of services and charges to each patient, the patient's third party insurance, or the state or federal benefit program charged with paying for services for the patient. The law also requires that the bill be sent out in the practitioner's next regular billing cycle, and may not be withheld until the charges are paid.

Florida: Senate Bill 727

This new statute makes extensive revisions in Florida's professional and occupational licensing law. The organization of the Department of Professional Regulation is altered, duties are moved among bureaus, and bureaus are given new names. One additional professional regulatory body, the Board of Examiners of Nursing Home Administrators, is established.

The law requires that all licensing fees now be deposited in the Professional Regulation Trust fund, from which the legislature will appropriate money to the various boards. The individual boards, however, may still determine the amount of the licensing fees.

The new law forbids board adoption of rules that unreasonably restrict competition, fail to protect the public from harm, or increase costs without equivalent public benefit. In addition, it establishes grounds for disciplining professional practitioners, and provides for fines and other sanctions.

Finally, the statute encourages foreign speaking Florida residents to become licensed professionals in order to "provide all Florida citizens with better services." It also specifies that it is no longer necessary to show intent to become a U.S. citizen in order to be licensed.

Florida: House Bill 1814

The intent of Florida's new medical practice act is to ensure that every physician meets minimum requirements for safe practice.

In addition to re-establishing the Board of Medical Examiners, and requirements for licensure of both domestic and foreign medical graduates, the law has a number of noteworthy provisions. For instance, it permits the board to deny licensure to practitioners under investigation for licensing violations in other jurisdictions. It also permits temporary licensing (requiring only oral examinations) for physicians working in areas of critical need. In addition, the statute makes limited licensing available to physicians licensed in other states, but permits them to practice only in public or non-profit agencies located in medically underserved areas.

Another section of the law enumerates grounds for disciplinary action. These grounds include bribery, fraudulent misrepresentation, license revokation or denial in another state, false advertising, fee-splitting, failure to report knowledge of violations of other practitioners, failure to keep medical records, inability to practice safely because of a mental or physical illness, gross or repeated malpractice, and sexual misconduct in the practice of medicine. The sanctions that the board may impose are also specified, as are the criminal and civil penalties under the law. In addition, the law requires that any organization or institution taking disciplinary action against a physician notify the board of that action.

In addition to these provisions, the omnibus medical practice act applies to physician assistants. It permits these practitioners to provide services:

1. In the office of the physician to whom the P.A. has been assigned;

2. When the physician is present;
3. In a hospital where the physician has privileges; and
4. On outside calls on the direct order or the physician.

The statute also outlines the requirements for courses of study for physicians' assistants. The standards cover length of the program, use of proficiency testing, specialty training, and safety standards.

In addition, the statute specifically declares that physicians or physician groups utilizing P.A.s are liable for any action or omission of the physician's assistant.

The law also addresses miscellaneous health care issues, including patients' records, consent for medical services, abortion, electro-convulsive therapy, psychosurgical procedures, and laetrile.

Several topics addressed in the medical records section of the new statute are noteworthy. First, the law forbids conditioning the release of records upon payment of physician's charges. Second, records may be given only to the patient or his/her legal representative, unless the patient specifies otherwise, except in cases of compulsary physical exams. Finally, the law authorizes occupational boards to establish guidelines for the disposition of the records of deceased practitioners, with the stipulation that records must be retained for at least one year.

Georgia: Senate Bill 107

This act relates to the Joint Board of Family Practice. Members of the board shall include not more than five members of the Executive Committee of the Board of Directors of the Georgia Academy of Family Physicians, a family physician, a doctor of osteopathy who is also a family physician, and the Dean or a representative of each medical school in the state that has a Department of Family Practice.

Georgia: Senate Bill 33 - Act 49

This act increases the number of members for the Composite State Board of Medical Examiners from twelve to thirteen. The added member must be a citizen who has no connection with the field of medicine. This person can vote only on administrative or policy matters not directly related to physician examinations.

Georgia: House Bill 312

This act permits the Board of Medical Examiners to waive the examination requirement and grant a provisional license to applicants practicing in specific geographic areas where there is an unfilled need for medical services. The license is issued for one year and can be renewed one time only, unless the person is a

District Health Director or a Director of a County Board of Health. There is no limitation on renewals for persons in these positions.

The act also provides that a person who fails a licensing examination three times must complete another year of training before becoming eligible to retake the examination.

Hawaii: Act 81

This 1979 statute expands Hawaii's "Good Samaritan Law" to include physicians in the definition of the "rescue team" which is immune from liability for emergency medical care rendered in good faith. In addition, it provides that licensed physicians who treat patients without payment are not liable for civil damages, provided the physician adheres to a reasonable standard of care.

Idaho: House Bill 17

This law adds two new grounds to those under which a physician may be subject to professional discipline. They are:

- The commission of a felony or a crime involving moral turpitude; and
- The abuse or exploitation of a patient's trust.

Idaho: House Bill 558

This new statute eliminates a requirement that foreign medical graduates present proof that their degree would entitle them to practice medicine in the country where the degree was issued in order to receive a license to practice in Idaho. An emergency is declared in order to put this legislation into place immediately.

Illinois: Public Act 81-1041 - House Bill 1966

Public Act 81-1041 establishes a program in the Illinois Department of Public Health to provide grants to family practice and preventive medicine residency programs. In addition, scholarships will be available to medical students who agree to practice in medically underserved areas. Only those students who are Illinois residents studying at medical schools located in Illinois, demonstrate financial need, and agree to serve in a shortage area designated by the department, are eligible for assistance under this act.

Students who receive aid but fail to fulfill their service obligation are required to pay a sum equal to three times the amount of the annual scholarship grant for each year the recipient fails to fulfill the obligation.

Illinois: Senate Bill 422 - Public Act 81-321

This act amends the "Family Practice Residency Act" by adding secondary criteria to be considered in the distribution of funds to family practice residency programs.

Criteria include:

- The availability and utilization of opportunities for residents to gain expertise in local health departments;
- A continuing program of community-oriented research in risk factors, immunization levels, environmental hazards or occupational hazards;
- Peer review;
- A course in societal, institutional and economic conditons affecting family practice; and
- Courses in behavioral science.

Maine: Chapter 345 - Legislative Document 1502

This act increases the fee for an examination for a license to practice medicine from $125 to $175. The fee for reexamination in the event of failure is increased from $100 to $135. At the Board's discretion, a license may be granted without examination to a physician in good standing who meets the education and experience requirements established in this Medical Practice Act. The fee for an application under this provision is increased from $100 to $125.

This act adds a requirement for continuing education; the board is authorized to specify the type and the amount.

Massachusetts: Senate Number 468

This law changes the name of the Board of Registration and Discipline in Medicine by deleting the phrase "and Discipline."

Mississippi: Chapter 439 - House Bill 1090

Licensure of physicians, osteopaths, and podiatrists is covered in this new statute. It requires that the license of those practicing medicine, osteopathy, or podiatry be renewed annually, and limits the renewal fee to no more than $50. In addition, the statute requires that if a practitioner fails to renew a license, he or she must give a satisfactory explanation to the licensing board, complete a reinstatement form, and pay the required licensing fee.

The fees collected from the practitioners will be used to help defray the costs of the licensing board. A physician practicing without a license is subject to the penalties provided under the Medical Practice Act.

The law also establishes standards for the licensing of podiatrists. An applicant for a podiatrist license must be a graduate of a college of podiatry recognized by the State Department of Health. The requirements for the recognition of a school are also enumerated in the statute.

Podiatrists licensed to practice in Mississippi prior to 1938 are entitled to a license without an examination. Examinations also may be waived for podiatrists licensed in other states if their home state has equal requirements as well as reciprocity for podiatrists licensed by Mississippi.

Podiatrist applicants must be tested in a number of subjects and must receive a score of 75 percent on the exam. The initial fee for the license is $175, with an annual renewal fee of $20. The State Board of Health is permitted to affiliate with the National Board of Chiropody or Podiatry Examiners for the purposes of testing license applicants.

Mississippi: Chapter 488

The statute authorizes the Mississippi State Board of Health to create rules and regulations covering the provision of emergency medical care. The statute stipulates that qualified personnel other than physicians may provide advanced life support services.

The statute also requires the Board to define the functions of advanced life support personnel and to authorize training programs that meet or exceed the requirements of the Emergency Medical Technician paramedic training program established by the U.S. Department of Transportation. In addition, the Board is instructed to specify requirements that will assure medical control over the provision of these services, continuing education, and periodic recertification of all advanced life support personnel.

Mississippi: House Bill 1411

This act appropriates funds to the Medical Education Loan Revolving Fund. The funds are to be used for loans and/or scholarships for medical and nursing education.

Missouri: Senate Bill 293

This act establishes a panel for the purpose of advising hospitals, clinics, and communities in areas of need in the state concerning how to plan for and establish family residency and general rotating internship programs.

No more than $20,000 may be spent for each family practice resident in a new or expanded program under this law.

Missouri: Senate Bill 241

Senate Bill 241 pertains to refusal, suspension and revocation of licenses for physicians and surgeons. For instance, it defines unprofessional and dishonorable conduct to include the following:

- False or fraudulent statements in application;
- Performing an unlawful abortion;
- Conviction of a felony;
- Gross negligence;
- Drug or alcohol abuse;
- Use of title for commercial purposes; and
- Mental or physical incompetence.

In addition, disciplinary action that may be taken by the Board includes the following:

- Denial of application for license;
- A public or private reprimand;
- Suspension or restriction of a license for up to five years:
- Revocation of a license; and
- Requirement that treatment be obtained in order to practice.

The statute also provides that anyone giving information to the Board in good faith and upon probable cause cannot be subject to an action for civil damages.

Nebraska: Legislative Bill 427

This statute makes numerous amendments and additions to Nebraska's medical practice legislation. The most profound alterations involve the structure and authority of the State Board of Medical Examiners.

Under this statute, the State Board of Health may now appoint one lay member to each of the occupational Boards of Examiners. This lay member should represent consumer viewpoints, but may never judge professional competence or be involved in creating or reading examinations.

Professional members of the Board also may be selected by the state Board of Health from the recommendations of the appropriate occupational association or society, or from a pool of qualified applicants. Professional members may be removed from office on the following grounds: physical or mental incapacity, acting beyond the scope of authority, malfeasance in office, any action that would cause a professional license to be revoked, and lack of licensure.

The statute also provides that the Department of Health, rather than the professional boards, will now appoint inspectors to investigate complaints. Requirements that inspectors be a member of the licensed professsion are eliminated.

The Department of Health is given permission to adopt any nationally-developed standard examination as all or part of the Nebraska State Board Examinations for any of the medical professions, as long as the exam is approved by the Board of Examiners for the occupation involved. A charge is only made for repeating the examination if the department has purchased a national standardized exam.

Finally, the statute sets rules for holding licensure data and making it available to the public. Investigational data, however, is not public unless formal charges are filed against the medical practitioner by the Department, the Attorney General, or by a county attorney.

Nebraska: Legislative Bill 428

This act gives licensing bodies the option to require professional license renewal annually or biennially. In addition, the term of membership on the various boards of examiners is increased from three years to five years, and the licensure fee for a licensed non-resident physician is set at $100.

Nebraska: Legislative Bill 34

This act extends reciprocity to persons licensed to practice medicine and surgery in Canada, including Canadian-licensed foreign medical graduates.

Nevada: Senate Bill 389

This act provides for the issuance of a limited license to practice medicine as a resident physician in a postgraduate program of clinical training if the applicant:

- Is a graduate of an accredited medical school in the United States or Canada: or
- Is a graduate of a recognized foreign medical school and has been certified by the Educational Council of Foreign Medical Graduates.

In addition, the board must approve the program of clinical training, and the institution sponsoring the program must provide written confirmation that the applicant has a position in the program.

The limited license is for one year and is renewable. The holder of a limited license can not practice medicine on a private, fee-for-services basis.

Nevada: Chapter 651

This statute redefines "hospital privileges" so that the staff of a hospital

must be composed of all those who request staff membership and meet standards set down by the trustees of the institution. Dentists are added to the list of those who may request staff privileges.

A hospital's board of trustees may set up assistance programs to attract and retain medical practitioners. Incentives may include:

- Establishing a clinic or group practice;
- Offering individual malpractice insurance under the hospital's plan;
- Permitting professional fee billing through the hospital's business office; and
- Offering the opportunity to rent office space in the facilities owned and operated by the institution.

These incentives must be offered to all physicians on the same terms and conditions.

Nevada: Senate Bill 348

This act provides that the board of medical examiners may require licensed physicians to meet continuing education requirements for renewal of a license.

New Hampshire: House Bill 588 - Chapter 258

This act provides that no licensed physician is liable in a suit for damages as a result of any act or omission made in good faith to advise, or give orders to ambulance personnel or paramedics in emergency situations.

New Mexico: Senate Bill 240 - Chapter 63

This act permits the board of medical examiners to employ an attorney, secretarial help and an investigator, as needed. In addition, it makes mandatory continuing education a condition for renewal of the licenses of physicians and physicians' assistants.

The statute also permits reciprocity and the issuance of temporary licenses for an interim period, until the board meets again.

Licenses may be refused, revoked, or suspended for unprofessional or dishonorable conduct. Some of the grounds for disciplinary action are:

- Participating in a criminal abortion;
- Abusing confidentiality;
- Excessive use of drugs or alcohol;
- Gross negligence or incompetence;
- Fee splitting; and
- Prescribing drugs for other than therapeutic purposes.

Finally, the statute requires hospitals to report any suspensions or revocations of a physician's staff privileges to the board of medical examiners, unless the suspension is due to failure to keep charts current.

New Mexico: Chapter 40 - House Bill 151

This new law authorizes the New Mexico board of medical examiners to continue for a maximum of six years. The board is composed of five physicians in good standing, and one public member with no significant financial interest in the health field. The governor makes all appointments, and any board member failing to attend three consecutive meetings must be removed.

New Mexico: Chapter 207

This appropriations act allots $300,000 to the Medical Student Loan Fund for use in the next two years.

New York: Chapter 268 - Assembly 5726

This act is designed to reduce delays in the New York legal system.

It permits a party to obtain information from a licensed physician who has provided medical care to the party demanding disclosure without the necessity of obtaining a court order to compel disclosure.

New York: Chapter 445 - Senate Bill 2849

This law amends the medical practice act to allow certain out-of-state physicians to practice in New York. Physicians licensed in other states who are visiting a medical school in New York for not longer than six months may practice in connection with the instruction they are receiving, provided they are under the supervision of a licensed physician.

North Carolina: Chapter 196 - House Bill 341

The maximum application and re-registration fee for physicians is raised from $100 to $200. In addition, the cost of a limited license, which permits the recipient to practice medicine for the purpose of education and training, is increased from $10 to $25.

Oklahoma: Senate Resolution No. 52

Requests that the State Board of Medical Examiners establish a program to allow physicians' assistants to provide some services to people living in areas *without* physicians.

The state board is encouraged to work with other agencies to find these areas and to expand the use of physicians' assistants in Oklahoma.

Oregon: Chapter 292 - Senate Bill 18

Chapter 292 in Oregon covers examination and licensing for physicians, physicians' assistants and emergency medical technicians (EMTs).

Under the new law, most fees for physicians are increased and made non-refundable. In addition, the board must charge applicants for the costs involved in administering the exam. Physicians' assistant, emergency medical technician, and accupunturist examination and licensing fees also are increased and made non-refundable.

One final provision of this statute requires that the board waive examination and licensing fees for EMTs who solely do voluntary emergency medical technician work for a public agency.

Oregon: House Bill 2735 - Chapter 513

This act creates an Office of Rural Health in the office of the State Health Planning and Development Agency, and a Rural Health Care Revolving Account.

The responsibilities of the office are to coordinate statewide efforts providing health care in rural areas, to apply for grants, and to serve as a clearinghouse for information on rural health care delivery. The office is also responsible for implementing methods developed in pilot projects, developing enabling legislation and providing technical assistance to rural communities.

The Rural Health Coordinating Council, composed of persons with expertise in rural health care delivery, is established to advise the office. In addition, at least two communities must be selected for pilot projects and an appropriation of $185,968 is included for implementation.

Oregon: Chapter 778 - House Bill 2977

This 1979 statute changes the requirements relating to physicians' supervision of physicians' assistants. A physician's assistant (P.A.) is now permitted to exercise independent judgement to a degree determined with the physician in accordance with the practice description approved by the board.

Under the statute, a physician does not need to be physically present in order to supervise a P.A. Physicians' assistants working alone may serve ambulatory

patients in medically underserved areas as long they maintain direct contact with a physician, and a regular process is set up to review their work. The direct contact may include telephone or radio communication.

In addition, a physician may, with the board's approval, delegate to the P.A. the authority to administer or prescribe a limited number of drugs. Pharmacists may fill these prescriptions without fear of negligence suits.

South Dakota: Senate Bill 13

This law appropriates funds to assist existing primary care residency programs in the disciplines of family practice, internal medicine, pediatrics, and obstetrics/gynecology. The funds must be expended so that residencies in family practice receive not less than 70 percent of the total; residencies in internal medicine not less than ten percent; and OB/GYN residencies not less than ten percent.

The law requires that a ten-member advisory committee be appointed by the dean of the medical school at the University of South Dakota to assist with the disbursement of these funds. The dean, however, is given final approval power over residency program applications for funding under this act.

Institutions accepting state assistance under this law must have a minimum of 30 percent of their residency positions occupied by graduates of the school of medicine at the University of South Dakota, or by persons who were residents of South Dakota prior to medical school.

South Dakota: Senate Bill No. 5

This law covers the regulation of physicians' assistants in South Dakota. It requires that physicians—who may supervise up to two P.A.s if they also have a full-time medical practice, and up to four if they do not have a full-time medical practice—must oversee the work, records, and practice of the assistants in order to ensure good, safe treatment. The State Board of Medical and Osteopathic Examiners is required to be responsible for the placement of physicians' assistants, and each year the board must rule on applications to place P.A.s with physicians.

Funds allocated in support of physicians' assistant education must be administered under the supervision of the University of South Dakota School of Medicine.

Tennessee: P.C. 129 - Senate Bill 1232

This law concerns discipline of physicians. It adds gross malpractice, and a pattern of incompetance, negligence or malpractice to the existing grounds for disciplinary action.

The statute also requires that within 30 days of a physician's conviction of a

felony, the clerk of the court in the county of records should inform all other clerks of the courts in the state of the case.

Finally, the statute requires that after an action is taken, the board must report its sanctions (i.e., restriction, suspension or revokation of a license) within 60 days to appropriate state, federal and professional agencies.

Virginia: House Bill 1482 - Chapter 727

Chapter 727 amends the section of the Virginia code relating to licensing of physicians. For instance, it permits the board to revoke or suspend a physician's license without a hearing in certain instances. In addition, physicians practicing in both the District of Columbia and Virginia who lose their D.C. license may also have their Virginia license revoked. Clerks of Virginia courts are required to report any physician found incompetant to the State Board of Medical Examiners.

Additional provisions of this statute require the chief administrative officer of an institution to inform the secretary of the appropriate board when a health professional is committed or admitted to an institution or program for drug addiction, chronic alcohol abuse, or a psychiatric illness dangerous to patients or him/herself. This notice must be given within five days of the admission or commitment.

Virginia: Chapter 396

Ths extension of Virginia's Good Samaritan law exempts physicians who provide free volunteer care at clinics from civil liability for any act or omission unless damage results from the physician's gross negligence or willful misconduct.

Washington: Chapter 111 - Substitute Senate Bill 2422

Chapter 111 amends Washington's statute relating to professional discipline of medical practitioners. Habitual intemperance is removed from the criteria for disciplining physicians, while negligence or incompetance must now result in severe harm to the patient in order to be subject to the law.

Further changes require the board to investigate reports and complaints rather than just charges, and empowers it to take emergency action to suspend or restrict a provider's license until hearings are held by the board. In addition, the board may now contract with physicians to supervise other physicians placed on probation. The board also must report any disciplinary action to the appropriate organizations that serve the medical profession and the public.

Additional new provisions require the director of licensing to appoint panels to investigate reports of unprofessional conduct. If the panel decides that there

are grounds for a hearing, it may cause charges to be served upon the license holder. The statute lists the various sanctions that the board may impose, including but not limited to, billing the license holder for the costs incurred in supervising his/her probationary period. A public exoneration is now mandatory, rather than optional, when the hearing is decided in favor of the provider.

Finally, the law gives the board the authority to adopt regulations requiring persons or organizations to report information indicating that a physician is dangerous to patients. These reports must be treated confidentially and purged from the record if found to be without merit. Information givers acting without malice, however, are immune from civil liability for their disclosures.

An additional provision of the statute alters the make-up of the Washington State Chiropractic Disciplinary Board.

Intergovernmental Health Policy Project

The Intergovernmental Health Policy Project serves a unique function in the development of the nation's health policy. It is the only university-based program in the country concentrating its research efforts exclusively on the health laws and programs of the 50 state governments. The Project provides assistance to state executive officials, legislators, legislative staff and others who need to know about important developments in other states. At the same time, the IHPP helps federal officials identify innovative state health programs and specific state problems.

To facilitate these information-brokering activities, the IHPP maintains direct links with state governments, state legislatures, research centers, planning agencies, and interest groups throughout the country. Reliable, up-to-date information on health legislation and programs is obtained through IHPP's own network of knowledgeable heath policy experts in each of the 50 states, as well as from its clearinghouse of all state health legislation.

Through its newsletter, *State Health Notes,* research publications, and conferences, the IHPP provides key health policy-makers with timely, comprehensive examinations of innovative state legislative activities and health programs.

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